

## **APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: ELECTRORHEOLOGICAL CLUTCH

Attorney Docket Number:: 016660-183

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?:: No

**Latin Name::**

**Variety Denomination Name::**

**Petition Included?::** No

**Petition Type::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?::** No

## **Applicant Information**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** China

**Status::** Full Capacity

**Given Name::** Weijia

**Middle Name::**

**Family Name::** WEN

**Name Suffix::**

**City of Residence::** Kowloon

**State or Province of Residence::**

**Country of Residence::** Hong Kong

**Street of Mailing Address::** 11B Tower 3, University Apartment, Clear Water Bay

**City of Mailing Address::** Kowloon

**State or Province of Mailing Address::**

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.

Status:: Full Capacity

Given Name:: Ping

Middle Name::

Family Name:: SHENG

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: Flat 6A, Tower 17, HKUST, Clear Water Bay

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China, Hong Kong

Status:: Full Capacity

Given Name:: Kin Lun

Middle Name::

Family Name:: CHAN

Name Suffix::

City of Residence:: New Territories

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: Flat J, 32/F, Block 6, Tsui Ning Garden, Tsuen Wan

City of Mailing Address:: New Territories

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China, Hong Kong

Status:: Full Capacity

Given Name:: Chau Kwan

Middle Name::

Family Name:: NAM

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: Room 2621, Choi Yuet House, Choi Ha Estate, Ngau Tau Kok

**City of Mailing Address::** Kowloon

**State or Province of Mailing Address::**

**Country of Mailing Address::** Hong Kong

**Postal or Zip Code of Mailing  
Address::**

### **Correspondence Information**

**Correspondence Customer Number::** 21839

**Phone Number::** (703) 836-6620

**Fax Number:** (703) 836-2021

### **Representative Information**

**Representative Customer Number::** 21839

### **Domestic Priority Information**

**Application::** Continuity Type:: Parent Application:: Parent Filing Date::

Continuation of

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
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## **Assignee Information**

Assignee Name:: China Patent Investment Limited

Street of Mailing Address:: 3606, West Tower, Shun Tak Centre, 168-200  
Connaught Road

City of Mailing Address:: Central

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::